DRAFT – Not Approved

Technical Advisory Panel of the Cooperative Agreement
Meeting Minutes
April 2, 2019 – 10:00 a.m.
James Madison Building
Mezzanine Conference Room
109 Governor Street
Richmond, Virginia 23218

Videoconference Location:
Wise County Health Department
134 Roberts Avenue SW
Wise, Virginia 24239

Members present: Joseph Hilbert (Virginia Department of Health "VDH"), Chair; Don Beatty (Virginia Bureau of Insurance); Dr. Ron Clark (Virginia Commonwealth University Health System); Dr. Jerry Blackwell (Ballad Health); Tom Eckstein (Arundel Metrics); Pete Knox (Peter Knox Consulting); Lynn Krutak (Ballad Health); Sarah Milder (Arundel Metrics); Sean Barden (Mary Washington Hospital); and Kevin Barger on behalf of Andy Randazzo (Anthem).

Members participating via videoconference: Bobby Cassell (consumer) and George Hunnicutt, Jr. (consumer).

Members absent: None

VDH staff present: Erik Bodin, Director, Division of COPN/ MCHIP/ Cooperative Agreement, Office of Licensure and Certification; Kevin Meyer, Cooperative Agreement Analyst, Division of COPN/MCHIP/ Cooperative Agreement, Office of Licensure and Certification; Dr. Carole Pratt, Senior Advisor and Confidential Assistant for Policy, Office of the Commissioner; Brenden Rivenbark, Senior Policy Analyst, Office of the Commissioner; and Lina Zimmerman, Cooperative Agreement Analyst, Division of COPN/ MCHIP/ Cooperative Agreement, Office of Licensure and Certification.

Tennessee Department of Health (TDH) staff present: Judi Knecht, Population Health Program Manager, Division of Health Planning

Tennessee Certificate of Public Advantage Monitor: Larry Fitzgerald

Virginia Office of the Attorney General: Amanda Lavin

Welcome and Introductions

Mr. Hilbert called the meeting to order at 10:00 a.m. He told the Technical Advisory Panel (TAP) that a quorum of members was present. Mr. Hilbert introduced himself and briefly described the role of the TAP. Mr. Hilbert asked each of the TAP members to introduce themselves. After the TAP members introduced themselves, Mr. Hilbert asked others in the room to introduce themselves as well.

Draft Policy on Electronic Participation in TAP Meetings

Mr. Hilbert directed the TAP members' attention to a copy of the draft policy allowing for and governing electronic participation in TAP meetings. Mr. Hilbert asked if there were any objections to electronic participation in TAP meetings. There were no objections to electronic participation in TAP meetings.

Approval of Draft Minutes

Mr. Hilbert directed the TAP members' attention to a copy of the draft minutes from the December 14, 2017 TAP meeting. He asked if any changes needed to be made to the draft minutes. No changes were requested. Ms. Krutak made a motion to adopt the draft minutes. Mr. Eckstein seconded the motion. The minutes were approved unanimously.

Overview of the Past Year

Mr. Bodin provided an overview of activity pertaining to the active supervision of the Cooperative Agreement since the TAP last met in December of 2017. Mr. Bodin included the following points in his overview:

- The Virginia State Health Commissioner (Commissioner) sent the measures and performance indicators that the TAP developed in 2017 to Ballad
- Ballad has submitted all six of their required plans to the States
- Some of these plans are still under review, but this was a tremendous amount of work from Ballad
- Ballad is planning to consolidate and restructure trauma services
- Condition 27 of the Virginia Order and Letter Authorizing A Cooperative Agreement (Virginia Order) requires a trauma services plan be submitted to the Commissioner
- VDH and TDH have been discussing the trauma consolidation with Ballad
- Ballad is also planning to make changes to neonatal intensive care centers
- TDH is reviewing this and VDH is watching this
- VDH & TDH are excited about Ballad's Accountable Care Community (ACC)
- Ballad has stepped in to reopen Lee County Hospital
    - Ballad plans to reopen Lee County Hospital as a Critical Access Hospital (CAH) operated by the Lee County Hospital Authority
- The States and Ballad have been working closely over the past year
    - Weekly calls between the TN and VA
    - Bi-weekly Ballad/TN/VA calls
    - Ms. Knecht from TDH is here with us today
    - VDH listened in on TN's Local Advisory Council's (LAC) public hearing
- May 15th is the states' first "deep dive" meeting in Johnson City
- The "deep dive" will be an opportunity for the states to review Ballad's process towards achieving their desired outcomes
- VDH has hired new staff to assist in the active supervision of the Cooperative Agreement
    - Lina Zimmerman, Cooperative Agreement Analyst (Richmond-based)

        - Responsible for analyzing submissions from Ballad and complaints related to the Conditions of the Virginia Order
    - Kevin Meyer, Cooperative Agreement Analyst (Pulaski-based)
        - "Boots on the ground"
        - Responsible for interfacing with local community members/leaders
        - Will work closely with Larry Fitzgerald, COPA Monitor
        - Will attend Southwest Virginia Health Authority (SWVHA) meetings
    - TDH & VDH have been working closely with consultants:
        - Pete Knox (Pete Knox Consulting)
        - Tom Eckstein and Sarah Milder (Arundel Metrics)
    - VDH is still working on completing an MOA with the SWVHA to formalize their role in the active and ongoing supervision of the Cooperative Agreement
        - VDH would like the SWVHA to have a similar role to the LAC in TN
        - Mr. Bodin and Jeff Mitchell will be meeting soon to finalize the MOA
    - In the 2018 session of the Virginia General Assembly, a bill sponsored by Delegate Kilgore that allowed for increased reimbursement by Ballad of expenses incurred by VDH as part of active supervision of the Cooperative Agreement passed.
        - The Code of Virginia originally limited reimbursement to $75,000
        - Ballad can offer suggestions to reduce cost and expenses of active supervision
        - Pursuant to the Code of Virginia, the cost of VDH's active supervision of the Cooperative Agreement is at the sole discretion of the Commissioner.

After Mr. Bodin finished his overview of the year, Mr. Hilbert asked the TAP members if there were any questions for Mr. Bodin. There were no questions for Mr. Bodin.

<u>Overview of the Active Supervision Framework</u>

Mr. Hilbert reminded the TAP members that the Code of Virginia requires the Commissioner to actively supervise the Cooperative Agreement. Mr. Hilbert told the TAP members that performance indicators are extremely important in the active supervision process. He said VDH needs the TAP member's advice and input on how to incorporate performance indicators and measures into a larger framework to guide the active supervision process and to ensure that performance indicators and measures are used as effectively as possible.

Mr. Knox and Ms. Knecht guided the TAP through a PowerPoint presentation overview of the Active Supervision Framework. Mr. Knox and Ms. Knecht highlighted the following in their overview of the Active Supervision Framework:

- The TN Terms of Certification Governing the Certificate of Public Advantage Issued to Ballad Health (TOC) and the Virginia Order require Ballad to submit various plans and reports to the States for review.
- TDH and VDH have developed a framework to actively supervise the Cooperative Agreement.

- The framework is a data-centered approach to understanding performance improvement and progress toward the desired outcomes.
- The core concept of the Active Supervision Framework is the Plan Do Check Act (PDCA) continuous improvement model.
- The Active Supervision Framework includes five categories of measures:
    1. Tactical
    2. Spread and Scale
    3. Sub-Index Measures
    4. Leading Indicators
    5. Risk-based Population Indicators
    6. Health Equity Indicators
- Each measurement area serves an important purpose in a linked system of measures. The linked system of measures provides a valuable "line of sight" in the active supervision process.
- The Active Supervision Framework Reporting Process consists of "light dives," "deep dives," and "between dives."
- Objectives of "Light" Reporting:
    - Update on progress associated with Ballad's plans, strategies, and tactics
    - Update on barriers and successes
    - Update on the focus of work in the next reporting cycle
- Objectives of "Deep Dive" Reporting:
    - In-depth update
    - Overview of successes, areas of concern, and barriers
    - Provide a clean "line of sight"
    - Build confidence in Ballad's ability and capability to deliver results
- Objectives between reporting cycles:
    - Provide ongoing open communication
        - Build trust
        - Clarify roles and expectations
        - Provide guidance
        - Facilitate connections
- Cadence of the Reporting Process:
    - Light dives 1st and 3rd quarters
    - Deep dives 2nd and 4th quarters

Mr. Hilbert asked the TAP members if they had questions about the Active Supervision Framework.

Mr. Knox emphasized the importance of rhythm in the active supervision process. He said that the States were trying to reduce the burden of the monthly reporting by incorporating monthly reports into light and deep dives instead.

<u>10-Minute Break</u>

Quarterly Quality Metrics Report

Mr. Eckstein presented Ballad's February 2019 Monthly Quality Priority Metrics Report. Mr. Eckstein addressed the following points during his presentation:

- Quality metrics are collected continuously and reported monthly/quarterly
- Two groups of metrics:
    1. Quality Target Measures (17 items)
    2. Quality Priority Metrics (13 items)
- Various levels of reporting
    - System
    - State
    - Hospital
- Criteria
    - Comparison to baseline
    - Improvement overtime
- Items for discussion/ areas for improvement
    - Baseline compared to national norms
        - Are the baselines in the bottom quartile, middle, or top quartiles… relative to nationwide
    - Limitations to improvement
        - Difficult to continue to improve if you are almost perfect
    - "Freeze" data dates
        - When does Ballad freeze data?
    - Retirement of measures
        - Centers for Medicare and Medicaid Services (CMS) measures that are retired/replaced
    - Efficient data transfer
        - Data is submitted in PDF format currently
    - Indications of statistical significance
        - Statistical significance needs to be brought into the reports in some way
    - Need for monthly data
        - Ballad would like to provide quarterly data instead of monthly data
- Ballad's reports are "very well done."
    - Easy to read
    - Straightforward
    - Color coded
        - Green indicates improvement from baseline
- Looking for trends that last for multiple quarters and hospitals that are consistently better or worse than others
    - If better, duplicate best practices
    - If worse, need more information to understand why
- Quality Target Measures

- Strengths
  - Continuing improvement baseline to FY18
    - PSI 6
    - PSI 13
    - SSI-Hysterectomy
  - Improvement, with bumps or stagnation
    - PSI 9
    - PSI 11
    - PSI 12
    - PSI 15
    - CDIFF
- Challenges
  - Declined each period (FY18, Q1 FY19, Q2 FY19)
    - CAUTI
  - Declined, with bumps and stagnation
    - MRSA
    - CLABSI
    - SSI-Colon

- Quality Priority Metrics (System-wide)
  - Strengths
    - Communication
    - Median times in the emergency department
  - Challenges
    - Left without being seen
    - Sepsis in-house mortality
    - Levofloxacin day of therapy per 1,000 patient days
    - Sepsis management bundle
- Quality Priority Metrics (Virginia Hospitals)
  - Hospitals are difficult to compare
    - Variation may be due to differences in patient mixes (e.g. demographics, health status, underlying conditions, different procedures, different acuity levels etc.)
  - What is going on at Johnston Memorial? Some metrics are green and others are red.
  - Is 0 a value of 0 or data that is not available?

Mr. Hunnicutt asked how "rate" was defined. Mr. Eckstein said that it depends on the measure. Mr. Hunnicutt asked how "rate" was defined for PSI 8 (Hip Fractures). Ms. Krutak commented that PSIs are publically reported CMS data.

<u>Break for Lunch</u>

Discussion of Metrics and Suggested Changes

The TAP members discussed the advantages and disadvantages of Ballad reporting quality data on a monthly basis. Mr. Barden commented that there is a lot of "noise" in monthly data. Ms. Krutak commented that it is costly and time consuming to generate monthly reports.

Mr. Hilbert directed the TAP member's attention to a series of recommendations for quality program monitoring and reporting that Ballad recently provided to the States. Mr. Hilbert stated that he would like Dr. Blackwell or Ms. Krutak to walk the TAP members through those recommendations and take questions. Dr. Blackwell walked the TAP members through the recommendations.

Dr. Blackwell noted that most of Ballad's hospitals are small, rural hospitals so the "n" is very small for many measures. He also noted that Johnston Memorial Hospital is an outlier in this regard. He said that because the "n" is so small, many of these variables reported on a monthly basis have little to no value to someone practicing, especially in a rural location. Furthermore, he noted that reporting many of these variables on a monthly basis does not capture useful movement or trends in the data.

Mr. Barger noted that, from a quality prospective, there's too much noise in monthly data. He said Anthem reports metrics over a rolling 12 month period.

Dr. Blackwell noted that previously this information was reported at a hospital level, and that Ballad is trying to create a system of care with checks and balances. Ballad has established a clinical council that is enthusiastic about improving quality metrics.

Mr. Hilbert asked Dr. Blackwell what Ballad meant by "remove structural measures?" Mr. Eckstein said that those measures are checkmarks that Ballad has already met and therefore did not need to be reported monthly.

Mr. Barger asked if process measures that get retired will still be tracked internally by Ballad. Dr. Blackwell said that these measures would be monitored, just not reported as frequently.

Dr. Clark suggested that Ballad roll up numbers for hospital-acquired conditions. He commented that a rate is less relevant, especially to physicians, compared to knowing the number of patients. Dr. Clark also suggested documenting where Ballad is relevant to nationwide deciles or quartiles.

Dr. Blackwell commented that Ballad would like to do this as well, and that they are monitoring this internally already. He also noted that once you reach a certain percentile it is difficult to continue to improve.

Dr. Clark asked Dr. Blackwell if Ballad has system-wide priorities. Dr. Blackwell said "the generic answer is no" but noted that Ballad's clinical council had picked CDIFF. Since Ballad has seen improvement in CDIFF, the council is now turning its attention to CAUTI.

Mr. Eckstein asked the panel what method of reporting (monthly, rolling 12, or quarterly) was best for actively supervising the Cooperative Agreement. Mr. Knox suggested that Ballad and

the States get into a rhythm and sync the reporting cycle with the Active Supervision Framework.

Ms. Krutak noted that reporting monthly is an administrative burden for Ballad. Furthermore, she noted that Ballad's FY end is June 30th, and that Ballad would like reporting quarters to be consistent with FY quarters. She said Ballad's preference would be to report quality data quarterly and FYTD.

Ms. Knecht asked if monthly data would be available to if needed.

Ms. Krutak said that Ballad collects the data monthly, it just isn't useful to report monthly because of the noise. Dr. Blackwell added that reporting monthly was work that did not lead to improvement.

Ms. Knecht asked if the data would be posted on Ballad's website. She suggested that a press release could be helpful because the data is mostly positive.

Dr. Blackwell noted that even if 16 of 17 measures show improvement, individuals who are concerned with the quality of Ballad's care might focus on the one item that does not improve.

Mr. Eckstein suggested that an annual meeting be held to talk about PSI measures and make recommendations to the Commissioner.

Mr. Hilbert asked for a motion to adopt Ballad's recommendations as a block, with the exception that the recommendation to report quality metrics quarterly be removed from the block for separate consideration. Dr. Clark moved and Ms. Krutak seconded. The motion was approved unanimously.

Mr. Hilbert asked if there was a motion for recommendation to report quality metrics quarterly, integrated within the larger Active Supervision Framework. Mr. Eckstein moved and Mr. Knox seconded. The motion passed unanimously.

Mr. Hilbert noted that Dr. Clark's suggestions, (1) formatting that shows performance against target (e.g. top decile, or top quarter), (2) breaking the data down so that we can see VA hospitals performance instead of whole system, (3) aggregate roll up numbers instead of rates, and (4) something that demonstrates metrics that are of specific focus and activity would be included in the meeting minutes and the report of the TAP.

Mr. Hilbert told the TAP members that VDH is planning on convening another meeting of the TAP later this year, probably in mid-November. He added that some of these items could be resolved at that meeting.

Mr. Hilbert asked if there were questions or comments in response to Dr. Clark's suggestions. Dr. Blackwell commented that Dr. Clark's suggestions were great ideas and asked if the TAP needed to see Ballad as a top decile performer. After some discussion, the panel came to the consensus that the TAP wants to know whether or not Ballad is achieving the targets they have set for themselves. The TAP's role is not to measure the Cooperative Agreement based on whether or not Ballad reaches its aspirational goals.

Mr. Hilbert stated that the sentiment of the group seems to be to take the four items that Dr. Clark identified under advisement, to discuss them with Ballad between now and the next TAP meeting, and to identify one or more of these items to present to the TAP as a written recommendation. Mr. Hilbert stated that the panel had identified a series of suggestions/issues that will be included in the meeting minutes and the TAP report, with the intention of continuing to work on these suggestions and bringing written recommendations to the next TAP meeting.

Process and Output Measures

Ms. Zimmerman directed the TAP member's attention to Ballad's March 18, 2019 letter with proposed "line of sight" metrics. Ms. Zimmerman read Ballad's proposed "line of sight" metrics to the TAP.

Ms. Zimmerman noted that each of Ballad's six plans contained strategies intended to achieve long-term outcomes. Specifically, Ballad identified 31 strategies across their six plans. She explained that outputs are the amount of product/and or service that you intend to deliver and that outcomes are benefits of your activities. Ms. Zimmerman noted that not all of Ballad's plans/strategies were included in their March 18th letter. She emphasized that the States' believe additional process and output measures pertaining to all of Ballad's strategies are necessary to assess the extent to which and likelihood that Ballad's strategies will achieve the intended long-term outcomes.

Discussion of Process and Output Measures

Ms. Milder noted that a lot of Ballad's proposed "line of sight" metrics do not have denominators.

Mr. Eckstein asked what percentage of the plans/strategies were included in the March 18th letter. Mr. Hilbert stated that additional measures were needed for the population health, GME/HR, and HIE plans.

Mr. Knox noted that he would like to add equity to the proposed metrics (e.g. number of tele-stroke patients from SWVA). Mr. Knox also noted that most of the proposed metrics measure scale, but he would like to see measures of spread as well. For example, Mr. Knox would like to know how many care gaps Ballad has closed.

Ms. Krutak noted that these measures related to certain strategies within the plans and that there are other measures. She agreed that infrastructure measures were important and noted that the plans have milestones and spending requirements.

Mr. Hilbert asked if there were any additional questions or suggestions for Ms. Krutak or Dr. Blackwell. There were no additional questions or suggestions.

Mr. Hilbert asked the TAP members for a motion to adopt Ballad's proposed "line of sight" metrics from the March 18th letter with the understanding that there are gaps and that there would be further discussion between Ballad and the States and that some measures might exist elsewhere in the plans but not be identified as Category 2 measures.

Dr. Clark motioned and Mr. Beatty seconded the motion.

Mr. Hilbert asked the TAP if there was any discussion of the motion.

Mr. Knox and Dr. Clark noted that there should be a timeline/deadline to identify additional Category 2 measures. Dr. Clark added that the group should come to a consensus about what measures are currently missing.

Mr. Hilbert suggested that the motion to adopt the recommendations could be withdrawn and that Ballad's March 18th letter be included as an appendix to the TAP report with a recommendation to the Commissioner that VDH continue to work with Ballad to develop Category 2 Spread and Scale Measures.

Dr. Clark withdrew his motion.

Mr. Hilbert noted that the TAP would revisit these measures in November.

Next Steps

Mr. Hilbert asked if there were any additional comments or questions before the meeting adjourned. There were no additional comments or questions.

Adjourn

The meeting adjourned at approximately 2:30 p.m.